

Telecommunications Carriers
AUTHORIZED UTILITY REPRESENTATIVE FORM

CERTIFICATED COMPANY INFORMATION

Company Name: Assurance Wireless of South Carolina, LLC			FEIN/SSN: [REDACTED]	
DBA/FKA: Assurance Wireless			Telephone # 571-287-8097	
Mailing Address: 12502 Sunrise Valley Dr				
City: Reston		State: VA		ZIP Code: 20196
ILEC	IXC	CLEC	Wireless ETC x	

REGISTERED AGENT INFORMATION


Registered Agent: CORPORATION SERVICE COMPANY				
Mailing Address: 508 Meeting Street				
City: West Columbia		State: SC		ZIP Code: 29169

As required by Commission rules and regulations
Print or type company contact person and contact information for the areas listed below:

UTILITY REPRESENTATIVE INFORMATION

General Manager				
Name: Michelle Painter				
Address: 12502 Sunrise Valley Dr				
City: Reston		State: VA		ZIP Code: 20196
Phone: 571-287-8097	Email: michelle.painter@t-mobile.com			Fax:
Emergency Contact – Non Office Hours				
Name:				
Phone: 888-639-0020	Email:			Fax:
Customer Relations/Complaints Rep				
Name: Lincoln Korfanty				
Address: Sprint ERS, P.O. Box 169014				
City: Irving		State: TX		ZIP Code: 75018
Phone: 817-215-3020	Email: lincoln.korfanty@t-mobile.com			Fax: N/A
Complaints Rep for Complaint Escalation				
Name: Taylor Best				
Address: 1201 Menaul Blvd NE				
City: Albuquerque		State: NM		ZIP Code: 87107
Phone: 801-427-4389	Email: Taylor.Best3@t-mobile.com			Fax:
Customer Toll Free Contact Number: 888-321-5880				
Engineering Operations				
Name: Michelle Painter				
Address: 12502 Sunrise Valley Dr				
City: Reston		State: VA		ZIP Code: 20196
Phone: 571-287-8097	Email: michelle.painter@t-mobile.com			Fax:
Test and Repair				
Name: Michelle Painter				
Address: Same as above				
City:		State:		ZIP Code:
Phone:	Email:			Fax:

UTILITY REPRESENTATIVE INFORMATION			
Regulatory Officer			
Name & Title: Michelle Painter, Principal Corporate Counsel			
Address: 12502 Sunrise Valley Drive			
City: Chantilly		State: VA	ZIP Code: 20196
Phone: 571-287-8097	Email: michelle.painter@t-mobile.com		Fax:
Annual Report Form Mailings			
Name & Title: Michelle Painter			
Address: Same as Above			
City:		State:	ZIP Code:
Phone:	Email:		Fax:
Dual Party Invoice Mailings			
Name & Title: Michelle Painter			
Address: Same as Above			
City:		State:	ZIP Code:
Phone:	Email:		Fax:
Universal Service Fund Mailings			
Name & Title: Michelle Painter			
Address: Same as Above			
City:		State:	ZIP Code:
Phone:	Email:		Fax:
Gross Receipts Mailings			
Name & Title: Michelle Painter			
Address: Same as Above			
City:		State:	ZIP Code:
Phone:	Email:		Fax:
Lifeline Contact			
Name & Title: Michelle Painter			
Address: Same as Above			
City:		State:	ZIP Code:
Phone:	Email:		Fax:

FORM PREPARER INFORMATION	
This form was completed by: Michelle Painter	
Signature: 	
Title: Principal Corporate Counsel	Date: 9/23/2020

RETURN COMPLETED FORM TO: Public Service Commission of SC
Docketing Department
101 Executive Center Drive, Suite 100
Columbia, SC 29210

AND Office of Regulatory Staff
Attn. Kari Munn
1401 Main Street, Suite 800
Columbia, SC 29201